

MEETING: 25/07/2019

Ref: 15515

ASSESSMENT CATEGORY: Cornerstone Fund

Community Links Bromley

Adv: Gilly Green

**Amount requested: £182,624
{Revised Request: 191,630}**

**Base: Bromley
Benefit: Bromley, Enfield
Greenwich, Hackney, Merton**

Amount recommended: £191,630

The Applicant

Community Links Bromley (CLB), a charity, is the Integrated Council for Voluntary Service and Volunteer Centre for the London Borough of Bromley. With over 50 years of operating as the leadership infrastructure organisation for the borough, it has an established track record and is well known to the Trust. It has previously led successful cross-sector partnerships in Bromley around the Transformation agenda and is the lead organisation for the partnership proposal before you, providing co-ordination, project management/monitoring and oversight functions.

The partnership is made up of five local CVSs which provide reach and representation from the breadth of London communities. The participating organisations are part of the London-wide VCS network and are well known to each other. The CEO in each CVS has committed to leading the project within their organisations and to share experiences and learning more widely. The partnership is already engaging with Collaborate (the Learning partner for this initiative) and places great emphasis on understanding and sharing lessons from the work.

The proposal

CLB is one of 11 organisations that went through the first stage of Round 1 of the Cornerstone Fund. It was awarded a development grant of £19,400 to work up the second stage proposal with its partners. It used the development grant to establish a steering group and hold a series of meetings centrally and locally with stakeholder senior officers including from local authorities, CCGs, and Health and Wellbeing Boards. This has allowed partners to identify opportunities for change locally and to assess the barriers which will need to be overcome. A key priority is to identify the role CVSs can play on behalf of their communities and citizens to effect such change. The development phase has already stimulated interest from organisations outside the partnership agencies.

The overall aim of the proposal is to improve how statutory services and civil society can work better together to improve health and wellbeing outcomes for Londoners. Each of the participating five CVSs will deliver a pilot project designed to disrupt or change the systems in which they operate increasing the involvement of local organisations and communities in the planning and design of services.

The five projects are:

1.Merton Voluntary Sector Council (MVSC)

Ref: 04104234

Aim: to achieve a step change in how residents and the local voluntary sector engage in co-production of health and social care through targeted work on diabetes with the South Asian community.

Evidence from the CCG and Public Health indicate that the South Asian communities are at higher risk of diabetes than the general population. In 2018 Merton Healthwatch supported the Diabetes Truth Commission which explored residents' experience of diabetes and helped inform the Diabetes Action Plan, adopted by the Health and wellbeing Board. This proposal focuses on two specific activities to engage the community more effectively in this cross-sector strategy: use of out of borough residential placements and the 'clinical' experience.

Activities

- Two surveys of South Asian and BAME people with lived experience to identify how people use services, what works and where the gaps are to establish a baseline
- Design workshop with CCG/Public health and people living with diabetes
- Support new commissioning processes with community participants
- Measure uptake and responses with VCSE organisations and service users

Strengths and potential risks

MVSC already plays an active role in Merton Health and Social Care integration. The CEO is the VCS representative on the Health and Care Together board which brings together commissioners and decisions makers from the LB Merton and the CCG. There is close alignment with the priorities of Merton Healthwatch. MVSC has strong connections to residents and this initiative builds on existing work in the borough. There is also an existing framework of VCSE players with whom to share learning. The challenges include the low take up of existing services and engagement of this community to date, but Merton CVS has achieved a good response from its previous targeted work with this community.

Budget: £32,880 over 3 years (£8,360; £11,510; £13,010) to cover consultancy fees to lead engagement and co-production, MVSC project oversight and events, publicity and dissemination.

2. Metro GAVS: Aim: to further support the development of a strong and representative independent organisation led and run by people with lived experience of mental ill health to become the major service conduit for co-production of mental health services in the borough.

There are significant challenges around mental health across London, including in Greenwich. These include gaps in community provision, continued high levels of spend on out of area placements and inequity of service provision across particular groups. Mental health is the highest priority health concern in the borough. Greenwich Health and Wellbeing board has agreed to develop a Mental Health Alliance comprising the key statutory and voluntary players, together with those with lived experience, the purpose of which will be to take a systems wide and holistic approach to service delivery. The Alliance will be formally launched in December 2019 and two priorities have already been agreed: reducing the use of residential placements and improving the experience of MH service users in clinical settings,

both of which areas require a strong user voice. The fledging user led organisation of people with lived experience of MH - GAIN - will undertake this work on behalf of the Alliance so that it is grounded in a strong user voice and this this proposal Metro GAVS will support the two aspects of the work.

Activities

- Supporting the development of an emerging independent organisation GAIN – led and run by people with lived experience - to undertake the work on these priorities over the next 3 years.
- This will critically include supporting GAIN to facilitate co-production meetings between clinicians and service users, undertaking surveys, and producing reports along with associated learning.
- Metro GAVS will also support the development of the MH Alliance, and host meetings 5 times each year.

Strengths and potential risks

The importance of coproduction has already been accepted as a key principle of the multi sector MH Alliance and there is an openness to work in new ways. METRO GAVS already has good relationships with statutory players and its facilitation of bringing clinicians and service users together is seen locally as a strong asset. The initiative aligns well with key priorities in the borough. The development of a new organisation of people with lived experience of mental ill health, supported by the CCG suggests some permanency about the perceived value of service user input. As with all multi sector approaches which aim to place users at the heart of developments, the reality of levelling the playing field to ensure power is shared and all voices are heard is likely to be an ongoing challenge throughout the project, but if delivered well, this could be a useful model for user input more generally.

Budget: £34,780 (£12,160; £11,310; £11,310) to cover admin support, room hire, meeting facilitation, report writing and guidance notes, evaluation and management costs.

3.Hackney CVS: Aim: to better embed the VSCE in the health and Social Care Transformation structures and operational activity - particularly with 4 specific workstreams and a neighbourhood approach.

LB Hackney and City of London are committed to developing an integrated care system. It already has an integrated commissioning process for the two boroughs involving the CCG, hospitals, GPs, the councils, as well as the political leads. Hackney CVS has a seat on the Integrated Commissioning Board and facilitates VCSE representation across Transformation structures. As part of its Health and Social Care Forum for VCS system leaders, HCVS has established a new representative voluntary sector infrastructure to drive change within the public sector and co-deliver health and social care services. To support this process, it has established a VCSE Transformation leadership group which has been scoping the way the sector could support the integrated care system. However, there is an urgent need to look at the governance arrangements for this group to ensure it has a robust framework in which to make decisions and allow for the engagement of as

many VCSE organisations as possible, as well as ensure its actions and decision-making processes are transparent and accountable.

Activities

- Developing protocols for managing conflicts of interest for members of the board and those of Hackney CVS as a commissioner, facilitator and consortium lead
- Working to develop new partnership arrangement or MOUs between VCSE organisations working on areas of common interest.
- Improving communication to the wider sector around the opportunities for engagement
- Scoping national best practice in terms of VCSE involvement in tackling issues in integrated care systems

Strengths and potential risks

The proposal's aim to create a vision for how VCSE can be involved in the integrated care system locally sits well within the broader Fund outcomes of sharing best practice. The work on governance and transparency is critical if new structures and systems are to be open and accessible. Hackney CVS is very well established in the local Health and Wellbeing system and this is evidenced by its representative role on many partnership boards on behalf of the broader VCSE. The key strength of this bid is the expected clarity the project will deliver on the potential VCSE offer. This will be highly valuable for commissioners who struggle at times to understand the sector and what it can offer. The project will need strong leadership to manage the potential conflicts that may arise between VCSE organisations, but the CVS is aware of this and has considerable experience. It may also prove challenging to gain access to some partnerships which are currently comprised solely of statutory players.

Budget £22,900 (£14,080; £4,200; £4,620)

4. Community Links Bromley: Aim: to develop a Centre of Excellence for Social Value as part of the broader collaboration between Bromley Council, Bromley CCG and the Bromley Third Sector Enterprise. Through specialised capacity building and development this will in turn strengthen the VCSE and its ability to contribute to health and wellbeing commissioning

CLB have played a significant role in the development locally of new services such as Healthwatch, social prescribing, Bromley Third sector Enterprise (enabling the VCSE to be recognised as 'single provider') and Bromley Well – a 5 year £2.1m annual contract to the VCSE to provide primary and secondary health services in the borough. Through this last example – Bromley Well, commissioners acknowledged that their commissioning processes were not outcome focused but signalled that they wish to work with BTSE to develop ways of working to evidence the social and economic impact of this major new contract. This work is underway and the first year is funded by local commissioners. However, as the Government strengthens the Social Value Act and requires Commissioners to 'explicitly evaluate' social value when they tender a contract, evidencing their social value will become more and

more important to civil society organisations. Building on this first year's work, CLB will lead on helping organisations demonstrate their social and economic value, ultimately establishing a 'centre of social value excellence'. This will increase the recognition of the need to understand social value, build capacity and confidence to demonstrate social value and share this learning through Bromley and more widely,

Activities

- Recruit a social value specialist post
- Raise awareness of the need for VCSE to understand and own social value
- Establish a network of social value champions
- Offer specialist one to one sessions and workshops to support organisations to learn how to measure social value
- Develop a social value peer network to contribute shared learning and provide exemplar protocols

Strengths and potential risks

CLB has a great track record in leading VCSE consortia to break new ground. With funding for year 1 valued at £34K provided by the CCG, there is evidence of strong support for this development within the borough. Local organisations will be considerably strengthened and more responsive by being able to demonstrate their social value. CLB partnerships with statutory bodies are strong and relationships long term. The impact of the project has the potential to place civil society organisations and the communities which they serve will be at the heart of the health and wellbeing system. CLB has experience of supporting the sector with specific capacity building activities (your funds have recently supported one such initiative on diversity) and has an impressive reach. Risks include the lack of capacity for smaller organisation to engage but previous work has demonstrated high levels of engagement. The total cost of the project is £74,010 and £33,485 is likely to be forthcoming in match funding from the Bromley Well Innovation Fund.

Budget £68,310 to cover salary, project running costs and management charges (£10,720; £49,900; £7,690)

5. Enfield CVS: Aim: This project aims to test the hypothesis that through strategic representation health champions from VCSE organisations will be an effective voice for diverse communities in design and planning local services and improve co-production of health and wellbeing services, resulting in better health outcomes for local people.

EVA trained 30 health champions in 2017-18. Health champions use day to day interactions to encourage changes in behaviour that have a positive impact on the health and wellbeing of individuals and communities. They engage through a range of activities offered in VCSE organisations.

Activities

Building on this work, the project will train 12 health champions each year representing their own local communities to deliver messages of local needs to statutory agencies, raise issues of unmet need and ultimately co-produce services

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with the CCG, NHS North Central London and Public Health. Health champions will work with a diverse range of voluntary organisations ensuring residents have access to support and services that can help better meet their needs.

Strengths and potential risks

The Health Champion model for enabling VCSE organisations to improve health outcomes for residents including early detection of problems, self-management of long-term conditions, more physical activity and healthier diets has been shown to be effective. Health Champions have deep reach into local communities and are often themselves people with lived experience. However, opportunities to influence the broader health agenda at a local level in Enfield have been limited. EVA's commitment to empower local champions to attend strategic meetings and thus have greater influence on local planning and delivery is ambitious. Whilst there are positive noises from statutory partners, the planning for how this shift might happen is less clear, and whether engaging in this way with Health Champions including those with lived experience is a priority will be a priority is less known. However, EVA recognises the risks that the statutory authorities may be hard to engage and is tapping into relevant strategic priorities to mitigate this risk where possible.

Budget: £32,760 over 3 years (£10,576; £10,916; £11,268)

Outcomes

Whilst each project has submitted individual outputs, outcomes and indicators, they also aim to meet the following headline outcomes of the Cornerstone Outcomes framework:

- **Voice and Influence:** Londoners are able to campaign effectively. Londoners have increased voice and influence – *for example the work at Metro GAVS will result in the development of a new user led organisation around mental health to co design local services .*
- **Capacity and Capability:** Community and voluntary groups are effectively supported to deliver their mission and goals. Improved use of civil society assets and resources – *for example the development of a Centre of Excellence on Social Value will help statutory partners better understand the role of the VCSE and commission services from it more effectively. Includes Bromley's work on social value*
- **Collaboration:** Improved collaboration between organisations and across sectors that deliver real change to systems – *for example Hackney CVS's work to discover and share best practice on the role of the VCSE in integrated care systems.*

Recommendation

It is widely recognised that there needs to be a radical change in approaches to the commissioning and delivery of community-based health and social care. The five projects are distinct in their focus, but together they create a holistic approach to better inclusion, voice and asset-based inputs to enhance service strategies and

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commissioning. It is an ambitious bid but the strength of the partnership, the collaboration with relevant statutory partners and the alignment with local priorities are real strengths. The proposal is not without risk but the potential rewards in shifting the culture of engagement for local communities and organisations is significant. The budget has been increased as the organisation originally omitted the peer support costs and costs for the accountable body for years 2&3.

£191,630 over 3 years (£55,900; £87,830; £47,900) to cover project delivery for 5 CVS projects, peer support costs, project board meetings and costs for the accountable body including project support and administration.

Funding History

Meeting Date	Decision
25/07/2019	
07/09/2018	£19,130 towards the research, consultation and development costs of a project to enable communities to be better engaged with health and care commissioning, resulting in better health and wellbeing outcomes for London's communities.
22/09/2016	£66,750 over two years (£35,250; £31,500) towards project delivery, including tutors' fees, venues and materials, project management and on-costs.
13/03/2014	10 days (value £4,000) to undertake an eco-audit with Community Links Bromley and within Community House.
18/03/2010	£90,000 over two years (2 x £45,000) for the support and continued development of the Funding Information and Advice Service, conditional upon receipt of a satisfactory budget for 2010-11.

Financial Information

CLB relies heavily on contract income from the CCG, local authority and the GLA. Most current contracts have between one and three years to run. Whilst there is a need to diversify income streams, including increasing earned income, it is likely that contracts will continue to provide most of its income. As at 31 March 2018, free reserves were considerably below target. However, as a result of modest surpluses on unrestricted funds forecast for 2019 and 2020, combined with a reduction in unrestricted expenditure in the 2020 budget, the direction of travel is positive and unrestricted reserves are set to reach the target by 2020.

Year end as at 31 MARCH	2018 Examined Accounts	2019 Draft Accounts	2020 Budget
Income & expenditure:			
Income	416,860	363,860	272,608
- % of Income confirmed as at June 12th 2019	n/a	n/a	90%
Expenditure	(380,122)	(382,415)	(239,253)
Total surplus/(deficit)	36,738	(18,555)	33,355
Split between:			
- Restricted surplus/(deficit)	48,121	(40,021)	22,021
- Unrestricted surplus/(deficit)	(11,383)	21,466	11,334
	36,738	(18,555)	33,355
Cost of Raising Funds	38,000	22,864	24,443
- % of Income	9.1%	6.3%	9.0%
Operating expenditure (unrestricted funds)	234,226	237,872	147,236
Free unrestricted reserves:			
Free unrestricted reserves held at year end	7,940	29,406	40,740
No of months of operating expenditure	0.4	1.5	3.3
Reserves policy target	58,557	59,468	36,809
No of months of operating expenditure	3.0	3.0	3.0
Free reserves over/(under) target	(50,617)	(30,062)	3,931